

SPOUSAL CONSENT FORM
BATTELLE EMPLOYEES' SAVINGS PLAN ("PLAN")

Completion of the information below is required for the Plan Participant to designate anyone other than his/her spouse as sole, Primary Beneficiary.

I, _____ (name of spouse), am the spouse of _____
(name of Plan Participant). I understand that I have the right to all of my spouse's vested account balance in the Battelle Employees' Savings Plan upon my spouse's death. In accordance with the designation on this form (see reverse side), I agree to give up the right to any or all amounts that I may be entitled to under the terms of the Plan. The effect of this designation is to cause my spouse's vested account balance to be shared with or paid entirely to a beneficiary(ies) other than me. By signing this consent, my spouse cannot change the beneficiary named in this designation to anyone other than me, unless I agree to the new beneficiary(ies) by signing a new consent. I understand that I do not have to sign this consent and the signing of this consent by me is a voluntary act. Further, I understand that I may revoke this consent at any time prior to my spouse's death.*

Signature of Spouse _____ Date _____

Printed Name _____

As required by law, your signature must be witnessed by an authorized Plan Representative or a Notary Public.

Witnessed by a Plan Representative:

As an authorized Plan Representative, I confirm that the individual who signed the spouse's consent above has appeared before me, is known personally by me or presented satisfactory identification to me, and signed this form in my presence.

Signature of Plan Representative _____ Date _____

Printed Name _____

OR

Witnessed by a Notary Public:

Sworn to and signed before me this _____ day of _____, 19_____.

My commission expires: _____

Signature of Notary Public _____

*To revoke this consent, contact your component Benefits Administration Office to initiate the process.